### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000106980

MUSCLE CARE, INC.

# FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90040 013 \*\*\*150.00



_	·								
Principal Place of Business Mailing Address							- - - - - -		
5462 80TH AVE CIRCLE EAST			5462 80TH AVE CIRCLE EAST						`.
PALMETTO FL 34221			PALMETTO FL 34221						•
							DO NOT WRITE IN	THIS SPACE	
							3. Date Incorporated or Qualifed 12/16/1997		
2. Principal P	lace of Business	2a.	Mailing Address				-4. FEI Number	-[-]	Applied For
21		26					NOT APPLICABLE		Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional
22		27							Required
City & State	е .		City & State				6. Election Campaign Financing		May Be
23		28	71	Carre	-4		Trust Fund Contribution		ed to Fees
Zip	Country Zip			_	Country		8. This corporation owes the current year Intangible Personal Property Tax  Yes □ No		
24	25	29		30			Personal Property Tax.  10. Name and Address of New Register		
	9. Name and Address of Currer	it Regist	erea Agent		81	Name	10. Name and Address of New Negrati	ored Agein	
cos	SLETT, KIMBERLY R.					1101110			
	2 80TH AVE CIRCLE EAST				82	Street Addre	ddress (P.O. Box Number is Not Acceptable)		
PALMETTO FL 34221									
					83				
					84	City	•	FL  85   Zi	ip Code
44 Burguant	to the provisions of Sections 607 050	2 and 60	7 1508 Florida Statute	s the ah	NOVE.	named corno	ration submits this statement for the purpos	se of changing	its registered
l office or d	egistered agent, or both, in the State	of Florida	a. Such change was au	thorized	by th	he corporation	n's board of directors. I hereby accept the a	ppointment as	registered
agent. I a	m familiar with, and accept the obliga	tions of,	Section 607.0505, Flor	ida Statu	tes.				
SIGNATURE	Signature, typed or printed name of registered age	at and title if	annicable (NOTE:	Registered /	Anent s	signature required	when reinstating) DAT	E	
12.	OFFICERS AN		···	13.			ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12
TITLE	P		☐ DELETE	1.1 TITI	LE			☐ Chang	je Addition
NAME	COSLETT, KIMBERLY KERNS			1.2 NA	ME				
STREET ADDRESS	5462 80TH AVE CIRCLE E					ADDRESS			
CITY-ST-ZIP	PALMETTO FL 34221			1.3 STF	REETA				
TITLE									
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	Cylin Christoph.	rK.	DELETE	1.4 CIT 2.1 TITI 2.2 NAI	Y-ST- LE ME			Chang	e Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted on on an attachment with an address with all other like empowered.

SIGNATURE: